



CAHFS- Equine Analytical Chemistry/Pharmacology Laboratory Submission Form

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| Shipping address: EACL- CAHFS 620 West Health Sciences Drive Davis, CA 95616 | Correspondence Address: EACL- CAHFS PO Box 1770 Davis, CA 95617-1770 |
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| Submitter Details: | | | | Bill-to Details (if different from submitter) | | | |
|--------------------|--|-----------|--|---|--|-----------|--|
| Name: | | | | Name: | | | |
| Street Address: | | | | Street Address: | | | |
| City | | | | City | | | |
| State: | | Zip Code: | | State: | | Zip Code: | |
| Telephone number: | | | | Telephone number: | | | |

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| Provide results by: | <input type="checkbox"/> Fax number: <input type="checkbox"/> Email address: |
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| # Samples Submitted: | Blood (s) | Urine(s) | Other |
|----------------------|---|----------|---|
| Requested Analysis: | <input type="radio"/> Anabolic Steroid Pre-Race Testing | | <input type="radio"/> Performance Horse Testing |
| | <input type="radio"/> Anabolic Steroids- Sales Testing | | <input type="radio"/> pK Analysis (Pharmacology lab) |
| | <input type="radio"/> Evidence | | <input type="radio"/> Pre-Purchase Drug Screen |
| | <input type="radio"/> Method Validation | | <input type="radio"/> Split Sample Analysis- Urine Only |
| | <input type="radio"/> NSAIDS | | <input type="radio"/> Split Sample Analysis- Blood Only |
| | <input type="radio"/> Nutritional Analysis | | <input type="radio"/> TCO2 Split Sample Analysis |
| | <input type="radio"/> Nutritional Supplement Testing (Pharmacology lab) | | <input type="radio"/> TOBA Protocol Testing (Blood & Urine) |

Submission Policies:

- Preliminary results will be faxed within 10 working days of receipt of sample.
- Confirmatory results, if required, may incur additional fees and require your approval.
- Confirmation results will be reported within 30 working days after approval is provided.
- Under no circumstances is EACL testing to be used to provide certification of a product or certify the health status of an animal.
- Invoices for testing performed by EACL will be provided USPS mail; payment is due within 30 days of invoice date.

I understand that specimens submitted are the property of CAHFS. Client information provided to CAHFS, and the tests results from samples submitted to CAHFS, will be treated as confidential information consistent with applicable legal standards, including, but not limited to, California Business and Professions Code section 4857 and Evidence Code section 1040. Such confidential information will not be divulged to third parties without written consent of the client, except when required by law, which includes requirements that test results be provided to regulatory agencies. University, its officers, employees, and agents shall not be accountable for any loss, expense (including attorneys' fees), damage, or liability of any kind resulting from or arising out of services provided hereunder unless caused by negligent or willful acts or omissions by University, its officers, employees, or agents.

Signature of Submitter Date